



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PTO/SB/21 (08-03)

Approved for use through 08/30/2003. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number 10/676,334

Filing Date September 30, 2003

First Named Inventor Stern

Art Unit

Examiner Name

Attorney Docket Number 100/11111

ENCLOSURES (Check all that apply)

- | | | |
|------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|
| <input type="checkbox"/> Fee Transmittal Form | <input type="checkbox"/> Drawing(s) | <input type="checkbox"/> After Allowance communication to Technology Center (TC) |
| <input type="checkbox"/> Fee Attached | <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| <input type="checkbox"/> Amendment/Reply | <input type="checkbox"/> Petition | <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Proprietary Information |
| <input type="checkbox"/> Affidavits/declaration(s) | <input type="checkbox"/> Power of Attorney, Revocation | <input type="checkbox"/> Status Letter |
| <input type="checkbox"/> Extension of Time Request | <input type="checkbox"/> Change of Correspondence Address | <input checked="" type="checkbox"/> Other Enclosure(s) (please Identify below): |
| <input type="checkbox"/> Express Abandonment Request | <input type="checkbox"/> Terminal Disclaimer | PTO Form 1449 (1 page), 1 reference, European Search Report |
| <input checked="" type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> Request for Refund | |
| <input type="checkbox"/> Certified Copy of Priority Document(s) | <input type="checkbox"/> CD, Number of CD(s) _____ | |
| <input type="checkbox"/> Response to Missing Parts/Incomplete Application | <input type="checkbox"/> Remarks | |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | Please charge Deposit Account No. 03-0177 for any additional fees associated with this paper or during pendency of this application | |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name Andrew L. Filler, Reg. No. 44,107

Signature

Date

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name Kathy Kelsey

Signature

Date

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



CERTIFICATE OF MAILING OR TRANSMISSION

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service as First Class Mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on: 3/1/2004

Signed: Kathy Kelsey

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appln. No. : 10/676,334 Confirmation No.: 6522
Applicant : Seth R. Stern
Filed : September 30, 2003
TC/A.U. :
Examiner :

Docket No. : 100/11110
Customer No. : 021569
Title : MICROFLUIDIC DEVICES AND METHODS FOR
PERFORMING TEMPERATURE MEDIATED REACTIONS

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

INFORMATION DISCLOSURE STATEMENT

Sir:

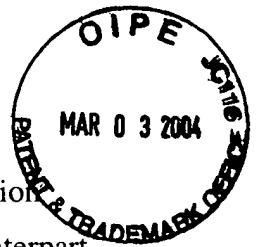
The reference cited on the attached form PTO-1449 is being called to the attention of the Examiner. A copy of the reference is enclosed. Also enclosed is a copy of the supplemental European Search Report for the related European application.

It is respectfully requested that the cited information be expressly considered during the prosecution of this application, and the references be made of record therein and appear among the "references cited" on any patent to issue therefrom.

As provided for by 37 CFR §1.97(g) and (h), no inference should be made that the information and references cited are prior art merely because they are in this statement and no representation is made that a search has been conducted or that this statement encompasses all possible relevant information.

Applicants believe that no fee is required for submission of this statement, since it is being submitted within three months of the filing date or prior to the first Office Action. The

Appl. No. 10/676,334
Seth R. Stern



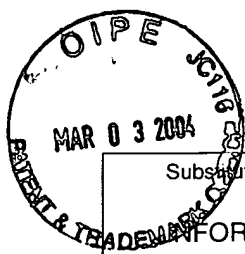
undersigned also hereby certifies that each item of information contained in the information disclosure statement was cited in a communication from a foreign patent office in a counterpart foreign application not more than three months prior to the filing of this information disclosure statement. However, if a fee is required, the Commissioner is authorized to charge such fee to Deposit Account No. 03-0177. Please charge any additional fees or credit any overpayment to the above-noted deposit account.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Andrew L. Filler".

Andrew L. Filler
Reg. No. 44,922

CALIPER LIFE SCIENCES, INC.
605 Fairchild Drive
Mountain View, CA 94043
Tel: 650-623-0667
Fax: 650-623-0504



Substitute for form 1449A/PTO INFORMATION DISCLOSURE STATEMENT BY APPLICANT (use as many sheets as necessary)		Complete if Known			
		Application Number	10/676,334		
		Filing Date	September 30, 2003		
		First Named Inventor	Stern		
		Art Unit	1637		
Examiner Name					
Sheet		of		Attorney Docket Number	100/11111

U.S. PATENT DOCUMENTS					
Examiner Initials	Cite No.	Document No.	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, lines, Where Relevant Passages or Relevant Figures Appeal
		Number - Kind Code (if known)			
	AA	US-5,176,203	01-05-1993	Larzul	
	AB				
	AC				
	AD				
	AE				
	AF				
	AG				
	AH				
	AI				
	AJ				
	AK				
	AL				

FOREIGN PATENT DOCUMENTS						
Examiner Initials	Cite No.	Foreign Patent Document	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	T
		Country Code - Number - Kind Code (if known)				
	AM					
	AN					
	AO					

OTHER PRIOR ART - NON PATENT LITERATURE DOCUMENTS			
Examiner Initials	Cite No.	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T
	AP		
	AQ		
	AR		
	AS		
	AT		

Examiner Signature		Date Considered	
-----------------------	--	--------------------	--

*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.